

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Disease Control and Prevention
[Announcement - 426]
1994 National Program of Cancer Registries

TABLE OF CONTENTS

	Page
Introduction.....	2
Authority.....	3
Smoke-Free Workplace.....	3
Eligible Applicants.....	3
Availability of Funds.....	4
Recipient Financial Participation.....	6
Background.....	7
Purpose.....	9
Program Requirements.....	10
Technical Reporting Requirements.....	13
Application Content.....	14
Evaluation Criteria.....	26
Funding Priorities.....	32
Executive Order 12372 Review.....	32
Public Health System Reporting Requirements.....	33
Catalog of Federal Domestic Assistance.....	33
Other Requirements.....	33
Application Submission and Deadline.....	37
Where To Obtain Additional Information.....	38

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National Program of Cancer Registries

Introduction

The Centers for Disease Control and Prevention (CDC) announces the availability of fiscal year (FY) 1994 funds for cooperative agreements to support statewide cancer registries. The program will serve two purposes:

- Part I To support and enhance existing State cancer registries so that they are statewide and population-based.

- Part II To plan, implement, and support statewide population-based cancer registries where State registries do not currently exist.

The Public Health Service (PHS) is committed to achieving the health promotion and disease prevention objectives of "Healthy People 2000," a PHS-led national activity to reduce morbidity and mortality and to improve the quality of life. This announcement is related to the priority areas of Cancer and Surveillance and Data Systems. (For ordering a copy of "Healthy People 2000," see the section "**Where To Obtain Additional Information.**")

Authority

This program is authorized by Sections 399H, 399I, 399J and 399L [42 U.S.C. 280e, e-1 and e-4] of the Public Health Service Act, as amended by Public Law 102-515, the Cancer Registries Amendment Act.

Smoke-Free Workplace

The Public Health Service strongly encourages all grant recipients to provide a smoke-free workplace and promote the non-use of all tobacco products. This is consistent with the PHS mission to protect and advance the physical and mental health of the American people.

Eligible Applicants

Eligible applicants for Part I or for Part II are the official public health agencies of States, or academic or nonprofit organizations designated by the State to operate the State's cancer registry. This includes the District of Columbia, American Samoa, the Commonwealth of Puerto Rico, the Virgin Islands, the Federated States of Micronesia, Guam, the Northern Mariana Islands, the Republic of the Marshall Islands, and the Republic of Palau. Competition is limited to these states in accordance with the authorizing legislation, the Cancer Registries Amendment Act of 1992.

Eligible applicants may apply for either Part I or Part II.

Part I: Applicants applying for Part I must have a central registry at the State level, continuous and recent data collection efforts, existing core staff, and policies and procedures in place. State health agencies or their designees requesting funds to support and enhance existing State cancer registries (Part I) are not eligible to apply for funds for planning and implementation of statewide cancer registries (Part II).

Part II: Only States with a limited or no established State cancer registry are eligible to apply for funds for planning and implementation of a statewide cancer registry. State health agencies or their designees requesting funds for planning and implementing a statewide, population-based cancer registry (Part II) are not eligible to apply for funds for the support and enhancement of existing State cancer registries (Part I).

Availability of Funds

Approximately \$14 million is available in FY 1994 to fund programs under Parts I and II of this announcement:

Part I. Support and enhancement of existing State cancer registries (Section 399H).

Approximately \$11 million is available in FY 1994 to fund up to 40 States to support and enhance existing State registries. It is expected that the average award to support and enhance an existing State registry will be \$300,000, ranging from \$150,000 to \$1,000,000.

Part II. Planning and implementation of statewide cancer registries (Section 399I).

Approximately \$3 million is available in FY 1994 to fund approximately 10 awards to plan and implement a statewide cancer registry in States where one does not exist. It is expected that the average award will be \$300,000, ranging from \$150,000 to \$400,000.

Awards for both Part I and Part II are expected to begin on or about **September 1994** and will be made for a 12-month budget period within a project period of up to 5 years. Funding estimates may vary and are subject to change.

Continuation awards within the project period will be made on the basis of satisfactory progress and the availability of funds. Additional funds may become available in support of building public health information infrastructure in FY 1994.

Recipient Financial Participation

Recipient financial participation is required for this program announcement in accordance with the authorizing legislation for

Part I applicants only:

- A. Recipients of funds under Part I must agree, with respect to the costs of the program, to make available (directly or through donations from public or private entities) non-Federal contributions toward such costs in an amount that is not less than 25 percent of such cost or \$1 for every \$3 of Federal funds provided in the grant. [Sec. 399H(b)(1)]
- Non-Federal contributions may be in cash or in kind, fairly evaluated, including plant, equipment, or services. Amounts provided by the Federal Government, or services assisted or subsidized to any significant extent by the Federal Government, may not be included in determining the amount of such non-Federal contributions.
- B. In determining the amount of non-federal contributions under A. (above), the recipient may include only such contributions as are in excess of the amount of such contributions made by the State toward the collection of data on cancer for the fiscal year preceding the first year of funding under this announcement. CDC may decrease the amount of non-Federal contributions required if the State

can demonstrate that decreasing such amount is appropriate because of financial hardship. [Sec. 399H(b)(2)].

Applicants will be notified of the details regarding criteria for defining "financial hardship" and the process for deciding eligibility when they become available.

Background

The completeness and quality of cancer case reporting by state-based cancer registries varies greatly in the United States. Forty States have established cancer registries, although most do not have the resources to collect data on 100 percent of their population or to insure minimum standards of quality. Analysis of cancer trends by State and by geographic region is difficult because few States have true population-based cancer registries to accurately monitor trends in cancer occurrence by cancer site, age, race and ethnicity. The National Cancer Institute's Surveillance, Epidemiology, and End Results (SEER) Program currently supports registries that monitor trends in cancer occurrence, treatment and survival in 5 States and 6 metropolitan areas covering approximately 14% of the U.S. population. However, these data are difficult to apply directly to cancer control programs and efforts in the other 45 non-SEER States. In addition, a time period of up to four years between diagnosis and publication of SEER data, and a lack of adequate numbers of cancer cases in specific minority groups, can limit the

applicability of the information to State health officials' needs.

The Public Health Service (PHS) and the States have been challenged by the "Healthy People 2000: National Health Promotion and Disease Prevention Objectives" to reduce cancer mortality through screening for early detection, public and provider education, quality assurance, and cancer surveillance. Numerous cancer-control intervention programs have been initiated to reduce morbidity and mortality from cancer. However, data to monitor the impact of intervention efforts are not uniformly available at the State and local level. Comprehensive, timely, and accurate State cancer registry data should be an important component of the public health infrastructure in the United States.

Examples of current problems which interfere with complete, timely, and accurate cancer reporting include: 1) case finding and medical record abstraction has not been completed after the diagnosis year because of inadequate staffing; 2) abstracting and data processing is not computerized because health care facilities do not have sufficient equipment and software systems for data collection and reporting to the State central registry; and 3) cancer registry data is not routinely linked to secondary databases such as medical claims data (e.g. Medicare, Medicaid,

health maintenance organizations, private insurers), census data, or vital records to enhance the usefulness of both the registry and the secondary databases.

In response to the needs expressed by States, localities, and consumers to monitor cancer incidence trends and cancer-control efforts, the U.S. Congress, in 1992, passed the "Cancer Registries Amendment Act," Public Law 102-515. This law authorizes CDC to make grants to States in order to form partnerships with State health departments, or their designees, to enhance or establish and support the operations of statewide, population-based cancer registries that will provide quality data to measure and evaluate the efforts of cancer-control programs.

Purpose

The purpose of these awards is to establish a national program of cancer registries by supporting States in their efforts to (Part I) enhance State cancer registries to become statewide, population-based, registries that meet minimum standards of completeness, timeliness, and quality, and (Part II) plan and implement statewide, population-based cancer registries where they do not currently exist.

The national goals of this program are to rapidly establish and standardize the reporting of cancer among the States in order to

provide: (1) timely feedback for evaluating progress toward achieving cancer-control objectives that include the "Healthy People 2000" objectives; (2) data to identify cancer incidence variation for ethnic groups and for regions within a State, between States, and between regions; (3) guidance for health resource allocation; (4) data to evaluate State cancer-control activities; and (5) information to improve planning for future health care needs.

Program Requirements

In conducting activities to achieve the purpose of this program, the recipient will be responsible for the activities under A. (Recipient Activities), and CDC will be responsible for the activities listed under B. (CDC Activities).

A. Recipient Activities:

Recipients of funds under Part I are expected to support and enhance, and recipients under Part II are expected to plan, implement, and support the operation of population-based, statewide cancer registries in order to collect data concerning each form of invasive cancer with the exception of basal cell and squamous cell carcinoma of the skin and each form of in-situ cancer except for carcinoma in-situ of the cervix uteri. Data on carcinoma in-situ of the cervix uteri is not being collected at this time because it has

been well documented that routine collection of such data is incomplete due to inconsistent collection of other High Grade Neoplasia. In addition, these data are not comparable over time because of changing terminology and diagnostic criteria. (Working Group on Pre-Invasive Cervical Neoplasia and Population-Based Cancer Registries Final Subcommittee Report, April 1993.)

Data to be collected for invasive and in-situ cancers include:

1. Demographic information about each case of cancer including at a minimum:
 - (a) Last name, first name, middle initial.
 - (b) Address at diagnosis, including city, county, State, and zip code (or zip + 4 where available).
 - (c) Census tract.
 - (d) Race and Spanish/Hispanic origin.
 - (e) Sex.
 - (f) Birth date.
 - (g) Social security number.
2. Information on the industrial or occupational history of the individual with the cancers, to the extent such information is available from the same record.
3. Administrative information, including at a minimum:
 - (a) Date of diagnosis.

- (b) Date of admission.
- (c) Source of information.
- 4. Pathological data characterizing the cancer, including at a minimum:
 - (a) Primary site.
 - (b) Morphology type, behavior, and grade.
 - (c) Sequence number.
 - (d) Laterality.
 - (e) Diagnostic confirmation.
 - (f) Stage of disease (pursuant to Summary Staging Guide).
 - (g) Date and type of first course of definitive treatment when available in the medical record.
 - (h) Date of death.
 - (i) Underlying cause of death.

B. CDC Activities

- 1. Convene a meeting of the funded States for information sharing, problem solving, and training at least annually.
- 2. Provide funded States with ongoing consultation for effective program planning and management, including, but not limited to, assistance in the development of model legislation for statewide cancer registries, assistance in establishing a computerized reporting and

data processing system, and assistance in monitoring completeness, timeliness, and quality of data.

3. Collaborate in establishing or endorsing program requirements for completeness, timeliness, and accuracy of data, and monitor to assure compliance with program requirements.
4. Collaborate in reporting of cancer rates and other components of an annual report on cancer occurrence in the State.
5. Conduct site visits to assess program progress and mutually resolve problems, as needed.

Technical Reporting Requirements:

The original and two copies of a quarterly progress report must be submitted 30 days after the end of each quarter. A progress report as part of the continuation application may be substituted for the third quarterly report. Annual progress reports are due 90 days after the end of each budget period. Quarterly and Annual progress reports should include:

- A. A brief program description.
- B. A comparison of the actual accomplishments to the goals and objectives established for the period.
- C. If established goals and objectives were not accomplished or were delayed, describe both the reason for the deviation and anticipated corrective action or deletion of the activity

from the project.

- D. Other pertinent information, including the status of completeness, timeliness and quality of data, published annual reports from the cancer registry, as well as other materials published by the registry.

Annual financial status reports must be submitted no later than 90 days after the end of the budget period. The final financial status and progress reports are required no later than 90 days after the end of the project period.

Application Content

Applications must be developed in accordance with PHS Form 5161-1 (Revised 7/92, OMB Control Number 0937-0189), information contained in the program announcement and the instructions and format provided below. Non-State public health agency applicants for Part I or Part II must provide certification by the State designating the institution as the State's official applicant (**Sec. 399H(a)** and **Sec 399I(a)(2)** respectively). Applicants for Part I or Part II must also provide a properly signed Assurance Form in accordance with (**Section 399H(c) 1 and 2**). An Assurance Form is provided in the application package.

Applicants are required to submit an original and two copies of the application. The application, including appendixes, should

not exceed 60 pages. Pages should be clearly numbered and a complete index to the application and any appendixes included. The original and each copy of the application must be submitted unstapled and unbound. All materials must be typewritten, double-spaced, with unreduced type on 8-1/2" by 11" paper, with at least 1" margins, headers and footers, and printed on one side only.

If the proposed program is a multiple-year project, the applicant should provide a detailed description of first-year activities only, and briefly describe future-year objectives and activities.

A. Executive Summary (1 page)

Applicants for Part I or for Part II:

Provide a clear, concise, and objectively written statement of the:

1. Type of federal assistance requested: Part I, Enhancement of an existing statewide cancer registry or, Part II, Planning and Implementation of a statewide cancer registry.
2. Existing resources for the program.
3. Major objectives and components of the proposed activities to plan or enhance a cancer registry.
4. The amount of federal assistance requested.
5. (OPTIONAL) Major objectives and components of the proposed activities to enhance the public health

information infrastructure for cancer control.

B. Existing Resources and Needs Assessment

Applicants for Part I:

Describe the current activities of, and any existing limitations to, the statewide, population-based, cancer registry including:

1. A description of all existing and potential sources of cancer cases including in-State and out-of-State facilities and health care providers that provide cancer screening, diagnosis, or treatment to State residents.
2. A description of existing computerized cancer reporting systems in the State, other than the central registry, including hospital, regional, and other tumor registries. Such descriptions should include an assessment of data entry and data processing procedures and any problems in reporting data to a central registry.
3. A description of centralized cancer reporting in the State which includes:
 - a. A listing of data items collected.
 - b. An assessment of completeness of cancer reporting by year of diagnosis.
 - c. An assessment of timeliness of case reporting.

- d. A description of quality assurance programs in place and a description of any problems with quality.
 - e. A description of existing staff and qualifications.
 - f. A description of data entry and data processing systems, and data flow. This description should include a brief summary of data flow between hospital, regional and other tumor registries and the central cancer registry.
 - g. Existing uses of cancer registry data.
4. A description of existing cancer data in the State, including, but not limited to:
- a. Age-adjusted incidence rates for cancer for any years available and a discussion of limitations, including the lack of availability of cancer rates, incompleteness of case ascertainment of all or certain cancer sites, and any difficulties identifying ethnic heritage.
 - b. Age-adjusted mortality rates for each cancer site.
 - c. A description of the population in the State from the 1990 Census, that includes the number, age, sex, and racial distribution, including minorities and Native Americans.
5. A description of legislation and regulations in place,

pending legislation, or progress toward introducing legislation that legally supports the existence and operation of a State central cancer registry.

6. A detailed description of computer hardware and software to include:
 - a. Existing computer equipment for central registry operations.
 - b. An assessment of how the computer software of the central registry is meeting standards for data quality.
 - c. Standards for transmitting, matching, and merging data from various reporting sites to and from a centralized database.
 - d. Report-generating capacity of current software package(s) needed for annual reports and special studies.

Applicants for Part II

Describe current and proposed activities for, and any existing limitations to, the statewide, population-based, cancer registry including:

1. A description of all potential sources of cancer cases including in-State and out-of-State facilities and health care providers that provide cancer screening, diagnosis or treatment to State residents.

2. A description, as applicable, of existing computerized cancer reporting systems in the State, other than the central registry, including hospital, regional, and other tumor registries. Such descriptions should include an assessment of data entry and data processing procedures and any problems in reporting data to a central registry.
3. A description of any previous efforts toward development of a statewide cancer registry, as well as any existing centralized cancer reporting at the State level to include, as applicable:
 - a. A listing of data items collected.
 - b. An assessment of completeness of cancer reporting by year of diagnosis.
 - c. An assessment of timeliness of case reporting.
 - d. A description of quality assurance programs in place.
 - e. A description of existing staff and qualifications.
 - f. A brief summary of data flow between hospital, regional and other tumor registries and the central cancer registry.
 - g. A description of existing uses of registry data.
4. A description of cancer data currently available for the State to include:

- a. Age-adjusted mortality rates for each cancer site.
 - b. A description of the population in the State from the 1990 Census, including the number, age, sex, and racial distribution, including minorities and Native Americans.
5. A description of legislation and regulations in place, pending legislation, or progress toward introducing legislation that legally supports the existence and operation of a State central cancer registry.
6. A detailed description of computer hardware and software needs to include:
- a. Existing and necessary computer equipment for central registry operations.
 - b. An assessment of the computer software needs of the central registry and identification of potential software package(s) which will facilitate meeting standards for data quality.
 - c. Plans for transmitting, matching, and merging data from various reporting sites to and from a centralized database.
 - d. Report-generating capacity of necessary software package and additional statistical packages needed for annual reports and special studies.

C. Collaborative Relationships

Applicants for Part I:

1. Describe, and provide evidence of, collaborative relationships between the State and agencies relevant to cancer registries or cancer surveillance:
 - a. Within the State such as vital statistics office, State cancer control program(s), universities, the health care community, hospital associations, and professional and voluntary associations.
 - b. With other States or national organizations such as reciprocal agreements.
 - c. With federally-funded programs such as the National Breast and Cervical Cancer Early Detection Program; Department of Veterans Affairs; Military and Armed Forces facilities; the National Cancer Institute's Surveillance, Epidemiology, and End Results Program; and Indian Health Service in States with Native American populations.
 - d. Identify and describe any proposed new collaborative relationships that would enhance registry performance.

Applicants for Part II:

1. Describe plans for, or provide evidence of, collaborative relationships between the State and other agencies relevant to cancer registries or cancer

surveillance to include:

- a. An advisory committee to assist in building consensus, cooperation, and planning for the statewide cancer registry. Representation should include key organizations and individuals such as hospital tumor registries, clinical laboratories, pathologists, and clinicians. Applicants should consider drawing the advisory committee from, or maintaining a close relationship with any existing State cancer control coalition.
- b. Other organizations within the State such as vital statistics office, State cancer control program(s), universities, the health care community, hospital associations, and professional and voluntary associations.
- c. Other States or national organizations such as reciprocal agreements.
- d. Federally-funded programs such as the National Breast and Cervical Cancer Early Detection Program; Department of Veterans Affairs, Military and Armed Forces facilities; the National Cancer Institute's Surveillance, Epidemiology, and End Results Program; and Indian Health Service in States with Native American populations.
- e. Identify and describe any proposed new

collaborative relationships which would be necessary to establish and maintain a State central cancer registry.

D. Operational Plan

Applicants for Part I or Part II

Describe in detail the objectives for the proposed enhancements to the existing State cancer registry. These objectives should be derived from needs identified in Section B. of "Application Content" and should relate directly to the Recipient Activities listed under "Program Requirements" and Program Assurances listed under "Other Requirements" in this announcement. The applicant should describe the specific outcome and process objectives that will be measured, the major steps required for project implementation and a projected timetable for program implementation and evaluation that displays dates for the accomplishment of specific proposed activities.

E. Data Utilization

Applicants for Part I or Part II

Delineate a plan for the use of cancer registry data for cancer control within the State.

F. Management and Staffing Plan

Applicants for Part I or Part II

Describe how the program will be effectively managed including:

1. Management structure including the lines of authority and plans for fiscal control
2. Qualifications of the designated or proposed management and technical staff
3. The staff positions responsible for implementation of the program
4. A brief description of the training needs/plan for the staff. A copy of the organizational chart indicating the placement of the proposed program, abbreviated (1-page) resumes for designated staff, and job descriptions for the proposed staff should be included in the application appendix.

G. Budget and Justification

Applicants for Part I or Part II

Provide a detailed budget request and line-item justification of all proposed operating expenses consistent with the program activities described in this announcement.

H. Financial Participation

Applications for Part I ONLY

1. Identify and describe:

- a. The amount expended during the fiscal year preceding the first year of the grant award for the collection of data on cancer. The amount will be used to establish a baseline for current and future match requirements. **Sec. 399H(b)**
- b. State sources of allowable matching funds for the program and the estimated amounts from each source. The total amount of the nonfederal contributions shall be an amount that is not less than 25% of the total cost of the program including the match or \$1 for every \$3 for Federal funds provided in the grant. **Sec. 399H(b)**
- c. Procedures for documenting the value of noncash matching funds.

I. (OPTIONAL) Operational Plan for Building Public Health Information Infrastructure

Applicants for Part I or Part II

Describe, in general, the objectives and plans to enhance public health information infrastructure for cancer control by selecting one or more of these activities:

1. Establish a statewide electronic network for reporting cancer data to the central registry.

2. Complete retrospective case ascertainment and data abstraction for all incomplete cancer registry data for diagnosis years 1990, 1991, 1992, and 1993 in order to build updated comprehensive State cancer databases.
3. Increase technical capacity in the State cancer registry to computer link cancer registry databases to secondary databases such as vital records, other surveillance systems, Medicare, etc.

A separate budget and justification for these OPTIONAL activities must be included.

Evaluation Criteria

(Total 100 Points plus 10 optional points)

Evaluation criteria are compared against specific information requested in the corresponding component of the "Application Content" section of the Program Announcement Number 426. A copy of the program announcement will be included in the application kit.

Applications for Part I

Applications will be reviewed and evaluated according to the following criteria for programs to enhance an existing statewide cancer registry: (Maximum 110 points).

- A. Resources and Needs Assessment: (25 points - allocated as noted below)

The extent to which the applicant describes current activities and existing limitations of the State-level cancer registry, and addresses the following issues: a description of all existing and potential sources of cancer cases (5 points); a description of existing computerized cancer reporting systems in the State (2 points); a description of centralized cancer reporting in the State including assessment of data items, completeness, timeliness and quality, data processing and use of data (5 points); a description of cancer data currently collected (5 points); a review of "enabling" legislation and regulations (4 points); and, a description of existing computer hardware and software (4 points).

B. Collaboration: (15 points)

The extent to which the applicant describes past, current, and proposed collaboration with the relevant organizations and agencies within the State; with other States or national organizations; with federally-funded health care programs such as the Breast and Cervical Cancer Early Detection Program, Department of Veterans Affairs, Military and Armed Forces Facilities, the National Cancer Institute's Surveillance, Epidemiology, and End Results Program, and Indian Health Service in States with Native American populations.

C. Proposed Objectives: (20 points)

The extent to which objectives are specific, measurable, time-phased, and realistic; provide for outcome and process objectives which meet the requirements of Pub.L. 102-515; and are derived from needs identified in the resources and needs assessment.

D. Proposed Implementation Schedule: (15 points)

The extent to which the major steps required for project implementation are described and the project timetable displays dates for the accomplishment of specific project activities.

E. Data Utilization: (10 points)

The extent to which the applicant provides a relevant and realistic plan to use cancer registry data within the State for cancer control.

F. Project Management and Staffing Plan: (15 points)

The extent to which proposed staffing, organizational structure, staff experience and background, identified training needs or plan, and job descriptions and curricula vitae for both proposed and current staff indicate ability to carry out the purposes of the program.

G. Budget: (Not Scored)

The extent to which the applicant provides a detailed budget and justification consistent with the stated objectives and program activities.

H. (OPTIONAL) Operational Plan for Building Public Health

Information Infrastructure: (10 points - scored separately).

The extent to which objectives and plans:

1. Increase the technical capacity in their State cancer registry to link databases;
2. Complete retrospective case ascertainment and data abstraction for diagnosis years 1990, 1991, 1992 and 1993; or
3. Establish a statewide electronic network.

(No penalty for NOT undertaking OPTIONAL activities).

Applications for Part II

Applications for programs to plan and implement a statewide, population-based cancer registry will be reviewed and evaluated according to the following criteria: (Maximum 110 points)

- A. Resources and Needs Assessment: (25 points - allocated as noted below)

The extent to which the applicant describes current and proposed activities for, and existing limitations to, the statewide cancer registry and extent to which the applicant addresses the following issues: a description of all potential sources of cancer cases (5 points); a description of all existing computerized cancer reporting systems in the State (2 points); a description of cancer reporting in the State including data items, assessment of completeness,

timeliness and quality, staff, data processing and use of data (5 points); a description of cancer data currently collected (5 points); a review of "enabling" legislation and regulations (4 points); and, a description of computer hardware and software needs (4 points).

B. Collaboration: (20 points)

The extent to which the applicant describes proposed collaboration with relevant organizations and agencies, such as an advisory committee; other organizations within the State; universities, the health care community, hospital associations, and professional associations such as the American Cancer Society; other States or national organizations; and federally-funded health care programs such as the Breast and Cervical Cancer Early Detection Program, Department of Veterans Affairs, Military and Armed Forces Facilities, the National Cancer Institute's Surveillance, Epidemiology, and End Results Program, and Indian Health Service in States with Native American populations.

C. Proposed Objectives: (25 points)

The extent to which objectives are specific, measurable, time-phased, and realistic; provide for outcome and process objectives which meet the requirements of Pub.L. 102-515; and are derived from needs identified in the resources and needs assessment.

D. Proposed Implementation Schedule: (10 points)

The extent to which the major steps required for project implementation are described and the project timetable displays dates for the accomplishment of specific project activities.

E. Data Utilization: (10 points)

The extent to which the applicant provides a relevant and realistic plan to use cancer registry data within the State for cancer-control.

F. Project Management and Staffing Plan: (10 points)

The extent to which proposed staffing, organizational structure, staff experience and background, identified training needs or plan, job descriptions and resumes for both proposed and current staff indicate ability to carry out the purposes of the program.

G. Budget: (Not Scored)

The extent to which the applicant provides a detailed budget and justification consistent with the stated objectives and program activities.

H. (OPTIONAL) Operational Plan for Building Public Health

Information Infrastructure: (10 points - scored separately)

The extent to which objectives and plans:

- 1) increase the technical capacity in their State cancer registry to link databases;
- 2) complete retrospective case ascertainment and data

abstraction for diagnosis years 1990, 1991, 1992 and 1993; or

- 3) establish a statewide electronic network. (No penalty for NOT undertaking OPTIONAL activities).

Funding Priorities

Priority will be given to Part I or Part II applications providing evidence for authorization under State law of the statewide cancer registry and regulations providing for cancer reporting, case confidentiality and use of cancer data for research as specified in Pub.L. 102-515 **Sec.399H(b)(2)(D)**.

Notice of Typographical Error in Pub.L. 102-515

In **Sec. 399I**. Planning Grants Regarding Registries.(a)(1), "**section 399B(c)(2)**" should read "**section 399H(c)(2)**".

Executive Order 12372 Review

Applications are subject to Intergovernmental Review of Federal Programs as governed by Executive Order (E.O.) 12372. E.O. 12372 sets up a system for State and local government review of proposed federal assistance applications. Applicants should contact their State Single Point of Contact (SPOC) as early as possible to alert them to the prospective applications and receive any necessary instructions on the State process. For proposed projects serving more than one State, the applicant is

advised to contact the SPOC for each affected State. A current list of SPOCs is included in the application kit. If SPOCs have any State process recommendations on applications submitted to CDC, they should send them to Edwin L. Dixon, Grants Management Officer, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC), 255 East Paces Ferry Road, NE., Atlanta GA 30305. (The receipt date for SPOC comments will be 60 days after the application deadline date.) The Program Announcement Number and Program Title should be referenced on the document. The granting agency does not guarantee to "accommodate or explain" the State process recommendations it receives after that date.

Public Health System Reporting Requirements

This program is not subject to the Public Health System Reporting Requirements.

Catalog of Federal Domestic Assistance

The Catalog of Federal Domestic Assistance Number is 93.283.

Other RequirementsProgram Assurance

Recipients of funds for both Part I or Part II must provide as part of their application for such funds assurances that:

1. The recipient will comply with the peer review requirements

under Sections 491 and 492 of the Public Health Service Act (Institutional Review Board; Ethics Guidance Program, 42 U.S.C. 289 and Peer Review Requirement 42 U.S.C. 289a).

[Sec. 399 H(c)(1)]

2. Recipients of funds under Part I or Part II must provide, as part of their application, assurances they will comply with the requirements listed below (Items "A" through "D"):
 - A. Provide for the establishment and support of a registry in accordance with the requirements of this program announcement.
 - B. Comply with the following standards of completeness, timeliness, and quality of population-based cancer registry data:
 - (1) Data completeness: 95% of unduplicated, expected malignant cases of reportable cancer occurring in State residents in a diagnosis year are reported to the State cancer registry.
 - (2) Data timeliness: cancer cases will be reported to the State registry within six months of diagnosis date.
 - (3) Data quality: comply with standards for data quality including standardized data format as promulgated by the American Association of Central Cancer Registries (AACCR) as stated in "Standards

for Completeness, Quality, Management, and Analysis of Data, Standards for Cancer Registries", Volume III, (December 1993).

- C. Within one year of the close of the diagnosis year,
 - (1) Provide for annual reports of cancer data, including a published report, that conforms to standards for completeness and timeliness (as listed under "Program Assurances"), and
 - (2) Prepare and maintain "in house", a corresponding minimal data set that meets uniform data standards recommended by AACCR (Reference AACCR Standards, Vols. II and III).
- D. Provide for the authorization under State law of the statewide cancer registry, including the promulgation of regulations that:
 - (1) Assure complete reporting by hospitals and other facilities.
 - (2) Assure complete reporting by physicians, surgeons, and all other health care practitioners diagnosing or providing treatment for cancer patients.
 - (3) Permit the statewide cancer registry to access all records that would identify cases of cancer or would establish characteristics of the cancer, treatment of the cancer, or medical status of any individual patient.

- (4) Report cancer case data to the statewide cancer registry in such a format, with such data elements, and in accordance with such standards of quality, timeliness, and completeness, as may be established by CDC.
- (5) Protect the confidentiality of all cancer data reported to the statewide registry, including a prohibition on disclosure to any person of information reported to the statewide registry that identifies or could lead to the identification of an individual cancer patient, except for disclosure to other State cancer registries and local and State health officials.
- (6) Disclose confidential case data, in accordance with State law, to cancer researchers.
- (7) Authorize the conduct, by the statewide cancer registry or other persons and organizations, of studies utilizing statewide cancer registry data.
- (8) Protect individuals complying with the law, including provisions specifying that no person shall be held liable in any civil action with respect to a cancer case report provided to the statewide cancer registry, or with respect to access to cancer case information provided to the statewide cancer registry. [Sec. 399H(c)(2)].

Recipients of funds under Part I or Part II must provide, as part of their application, assurances that they will provide for the authorization under State law of the statewide cancer registry, including the promulgation of regulations within one year and within two years, respectively. Continued funding will be contingent on the enactment of authorizing State legislation and promulgation of all required State regulations.

Human Subjects

If the proposed project involves research on human subjects, the applicant must comply with the Department of Health and Human Services Regulations, 45 CFR Part 46, regarding the protection of human subjects. Assurance must be provided to demonstrate that the project will be subject to initial and continuing review by an appropriate institutional review committee. The applicant will be responsible for providing assurance in accordance with the appropriate guidelines and form provided in the application kit.

Application Submission and Deadline

The Program Announcement and application kit were sent to all

eligible applicants in March 1994.

Where To Obtain Additional Information

A complete program description, information on application procedures, an application package and business management technical assistance may be obtained from Leah D. Simpson, Grants Management Specialist, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC), 255 East Paces Ferry Road, NE., Room 314, Mailstop E-18, Atlanta, GA 30305; telephone (404) 842-6803.

Programmatic technical assistance may be obtained from Rosemarie McIntyre, M.S., Epidemiology and Statistics Branch, Division of Cancer Prevention and Control, National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention (CDC), 4770 Buford Highway, NE., Mailstop K-55, Atlanta, GA 30341-3724, telephone (404) 488-4682.

Please refer to **Announcement 426** when requesting information and submitting an application.

Potential applicants may obtain a copy of "Healthy People 2000" (Full Report, Stock No. 017-001-00474-0) or "Healthy People 2000" (Summary Report, Stock No. 017-001-00473-1) referenced in the "**Introduction**" through the Superintendent of Documents,

Government Printing Office, Washington, DC 20402-9325, telephone (202) 783-3238.

Copies of the following may be obtained by calling DeVicki Willis, Centers for Disease Control and Prevention (CDC) at (404) 488-4682:

- 1) American Association of Central Cancer Registries, "Working Group on Pre-Invasive Cervical Neoplasia and Population-Based Cancer Registries, Final Subcommittee Report," (April 1993);
- 2) American Association of Central Cancer Registries, "Data Standards, Standards for Cancer Registries," Volume II, (September 1993);
- 3) American Association of Central Cancer Registries, "Standards for Completeness, Quality, Management, and Analysis of Data, Standards for Cancer Registries," Volume III, (December 1993).